

BURDEP (T. H. Birder
Mr. 1852.

LETTERS
FROM
A SENIOR
TO
A JUNIOR PHYSICIAN,

ON
THE IMPORTANCE OF PROMOTING THE
RELIGIOUS WELFARE OF HIS
PATIENTS.

BY DR. THOMAS H. BURDEP.

LIBRARY
SURGEON GENERAL'S OFFICE

AUG 10 1899
PUBLISHED BY THE
AMERICAN TRACT SOCIETY,
150 NASSAU-STREET, NEW YORK.

LETTERS

FROM A

SENIOR TO A JUNIOR PHYSICIAN,

ON

THE IMPORTANCE OF PROMOTING THE RELIGIOUS WELFARE
OF HIS PATIENTS.

=

BY DR. THOMAS H. BURDER,

LONDON
LIBRARY
SURGEON GENERAL'S OFFICE

AUG 10 1899

637.

PUBLISHED BY THE

AMERICAN TRACT SOCIETY,

150 NASSAU-STREET, NEW YORK.

CONTENTS.

LETTER I

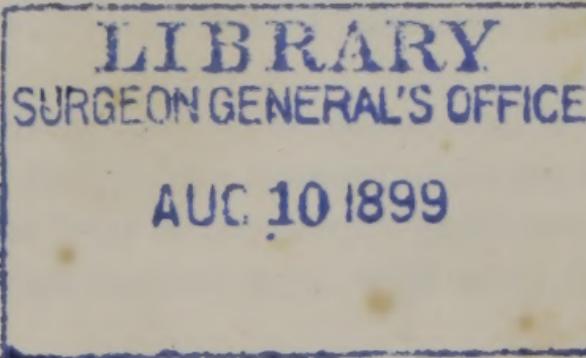
The difficulties of the undertaking, 5

LETTER II.

The encouragement to be expected in the attempt, 14

LETTER III.

The most eligible methods to be pursued, 26



LETTERS

FROM A

SENIOR TO A JUNIOR PHYSICIAN.

LETTER I.

THE DIFFICULTIES OF THE UNDERTAKING.

MY DEAR FRIEND—You were pleased to desire me to send you the result of my observation and experience on the deeply interesting subject of endeavoring to promote the spiritual welfare of the sick committed to your care. I cheerfully accede to your wish, although I can scarcely hope to offer any suggestions which have not already occurred to your own reflective mind.

If the soul of man be immortal, and if the state of the soul at the moment of its separation from the body determine its happiness or misery through endless ages, with what deep

solicitude should every Christian approach the bed of a fellow-creature who, to all appearance, is about to undergo the momentous change, yet unprepared "to meet his God!" If we saw a human being proceeding blindfold towards a tremendous precipice, even already at its brink, how eagerly should we try to snatch him from the threatening destruction! And can we, my friend, remain insensible to the spiritual danger of the dying man, who seems about to "take a leap in the dark" into the gulf of inconceivable, irretrievable ruin? How often, alas, are we called to witness the appalling scene, unalleviated by the presence of a Christian minister, or any pious relative, who might direct the helpless sufferer to Him "who is able to save to the uttermost!"

I am aware, indeed, that those alone, who like ourselves have felt the weight of medical responsibility, can fully estimate the difficulties to be encountered in attempting to advance the *highest* interest of a patient, while conscientiously discharging our primary duty, in the exertion of our utmost efforts for the restoration or relief of his bodily frame. Even to those who by habits of early rising, punctuality,

systematic arrangement, and calm dispatch have been able to allot a sufficient portion of time to each appointment of the day, how often does it happen that some unexpected emergency, some sudden complication of disease, the alarming sickness of another member of the family, some anxious inquiries of the patient or his friends, or other unforeseen circumstances, have more than consumed the allotted time, and in justice to the indispensable claims of other cases, rendered an immediate departure necessary: thus affording no opportunity of even alluding "to things unseen and eternal."

Another difficulty is often found to arise from the almost exclusive occupation of the physician's mind by the diseased condition of the sufferer, the relief of which is, of course, our primary and incumbent duty. In order to give to each symptom, as well as to the whole assemblage of symptoms, a close and discriminating attention, and to adapt, with equal care, a corresponding treatment in medicine, diet, and general management—to do this within a limited space of time, requires a concentration of all the energies of the mind in a degree scarcely compatible with attention to any other subject.

Under such circumstances, it is difficult in the extreme to dispossess the mind of the engrossing anxiety just described, so as to leave it sufficiently free for availing itself of any suitable moment for introducing, with needful delicacy and tenderness, the all-important subject of eternity. How frequently, too, have we found that by the time we have completed our medical inquiries and directions, the patient has become too much exhausted to render any further exertion safe or practicable!

In addition to the obstacles already specified, you have probably, my dear friend, sometimes encountered opposition from the mistaken kindness of the patient's relatives, who have deemed it next to madness to endanger the comfortable serenity of one "whose goodness of heart," they persuade themselves, "must secure him a happy hereafter." Generally, however, the confidence reposed in the kindness and discretion of the medical attendant, will soon allay such a feeling of alarm, and afford the assurance that nothing will be attempted of a doubtful or hazardous character.

But the most formidable hinderance, I apprehend, exists *within ourselves*. I refer to

the prevailing impression among us, that the religious welfare of a patient is foreign to our province; that to aim in any direct manner at promoting it, is superfluous, if not also obtrusive; and that the attempt might be regarded, moreover, as an unbecoming interference with the sacred office. The *sedative* influence of this opinion is often rendered still more paralyzing by a consciousness of not possessing the facility and tact supposed to be essential to the success of the effort. Hence, opportunities for speaking a “word in season” are scarcely looked for or desired. The mind at length rests satisfied with an abandonment of the matter as hopeless and impracticable, not duly considering *whose cause it is*, nor recollecting the divine promise, that “strength shall be made perfect in weakness.”

Such, my valued friend, are among the difficulties in our way; great indeed we must allow them to be, yet happily they are not insurmountable.

Assuming for the moment that the duties and qualifications of the medical practitioner do not impose upon him a higher degree of responsibility relative to the spiritual good of

his patient, than attaches to every other well-informed Christian in reference to his neighbor, I may safely assert that the profession of medicine does in no wise release its member from a duty common to all Christians—that of embracing every opportunity to testify their gratitude to the adorable Saviour, and their anxious desire to extend the blessings of redeeming mercy to those who “are ready to perish.” But the assumption itself is incorrect; for it would not be difficult to prove that the favorable opportunities and peculiar facilities possessed by the physician, do proportionably *augment* his responsibility, and the consequent amount of obligation. Nor can this fearful responsibility be evaded by a general impression of our unfitness for the task, unless we can conscientiously affirm that we have tried to the utmost—that we have done all that we were able to do.

As regards the alleged interference with the ministerial office, I may truly say that, to the extent of my own observation, the apprehension is entirely groundless. So far removed, indeed, are the judicious, well-timed suggestions of the physician, in relation to the immortal interest

of his patient, from any thing like interference with the sacred function, that in the instances in which they are most needed, they may be strictly regarded as *precurory* and introductory to the more direct instructions of the minister; as opening a way for him which would otherwise be closed, as removing ill-founded objections to his assistance, and enkindling a desire for his spiritual counsel. In many other instances, the Christian physician proves a powerful *auxiliary* to the faithful minister of Christ, especially by facilitating his visits, pointing out at what time, under what circumstances, and to what extent the patient may be likely to attend with safety and advantage to "the things which make for his eternal peace." I have good reason, indeed, to believe that the enlightened ambassadors of the Saviour, so far from entertaining a feeling of jealousy, do really hail with cordial satisfaction such auxiliaries in their trying visits to the bed of sickness and death; persuaded that none can feel a deeper interest than a Christian physician in the well-being of *the whole man*, bodily and spiritually, in reference to eternity, as well as to time. And how can jealousy be felt? Is not the

glory of his divine Master in the salvation of immortal souls the supreme object of every pious minister's pursuit? If so, even the feeblest attempt to subserve the same cause must gain his hearty concurrence. Happily the unscriptural, unprotestant notion of religious instruction devolving exclusively on the clergy has become obsolete. As well might the Bible itself be read and studied by them alone. The very constitution, indeed, of our most efficient religious institutions speaks a contrary language; especially that of the visiting and district societies, in which the principle of lay coöperation is clearly recognized, and the obligation hence arising is fully avowed. In truth, it requires but little sagacity to predict, that in the noble enterprise now in progress for evangelizing the world, the zealous exertions of Christians generally will be more and more called forth. Such an active and pervading influence seems evidently implied in the prophecy of Jeremiah, as cited by the apostle of the Gentiles, alluding to the period when "*they shall not teach every man* his neighbor, and *every man* his brother, saying, Know the Lord; for all shall know me, from the least unto the greatest." We have

yet indeed to realize the happy day when, even comparatively, *every* man shall seek the spiritual good of his neighbor; but we are surely authorized to expect it, as well as bound to hasten it, by earnest prayer and vigorous endeavor. We are even encouraged to anticipate the more distant and glorious period when the omnipotent Saviour shall have given complete efficiency to the universal labor of love, and when "He shall be all in all."

Not to weary your patience further, I will here close my letter, hoping in a second communication to present a few *encouragements* which may serve to cheer you under the difficulties we have been considering. I shall endeavor also to add some practical suggestions in reference to the most eligible *methods* of introducing the subject of religion to persons dangerously ill. Of the power of executing the latter part of my task especially, I cannot but entertain much self-distrust.

I remain, my valued friend,

Yours, with sincere regard,

T. H. BURDER.

TILFORD HOUSE, January 1, 1836.

LETTER II.

ON THE ENCOURAGEMENT TO BE EXPECTED
IN THE ATTEMPT.

MY DEAR FRIEND—In my former communication I placed before you the considerations which had most impressed my own mind, in reference to the *importance* of aiming to promote the spiritual welfare of the sick. You will have observed that, far from concealing, I fully admitted the difficulties attendant on the effort, while I endeavored to show that they were by no means insurmountable. I am now desirous of presenting to your attention a few of the *encouragements* which the physician is warranted to expect in pursuing this “work of faith and labor of love.” Such, I apprehend, will be found to arise from THE PECULIAR FACILITIES WHICH THE PROFESSION AFFORDS; FROM THE DIVINE BENEDICTION WHICH MAY BE HUMBLY, YET CONFIDENTLY ANTICIPATED; AND FROM THE SUCCESS WHICH HAS ALREADY CROWNED SIMILAR EFFORTS.

1. No one who has witnessed the respect and confidence with which the suggestions of a conscientious physician are received, can doubt of his possessing an almost unlimited influence in the sick-chamber. He has become, in truth, the attached friend of the family, to whom they freely unbosom their sorrows and their fears, particularly such as appear to be inducing or aggravating any existing or threatened disease. Hence, the medical adviser, having gained an important acquaintance with the mental constitution of his patient, its individual peculiarities and tendencies, and with the varying complexion of thought and feeling which bodily disturbance has been wont to excite, is already prepared to introduce with delicacy and address such incidental remarks in reference to his highest interests as the peculiar condition of the sufferer may naturally call forth; and in the way best adapted to interest and impress, while least likely to endanger that general quietude, on the maintenance of which his recovery may materially depend. Being aware, moreover, of the different aspect in which other topics of practical importance have at various times appeared to his patient, or to

persons under similar circumstances, while viewed through the distorting medium of disease, he will not be surprised if the momentous subject of religion should also share, so far as natural effects may be permitted, in the obliquity or indistinctness of the mental vision. The same previous knowledge will often enable him to calculate with tolerable precision the degree of influence, whether exciting or depressing, which an allusion to the realities of eternity may be likely to exert on the patient's bodily frame; and thus to temper and apportion his suggestions to the particular exigencies of the case.

2. Among the *facilities* to which we have adverted, I cannot but regard as one of the most valuable, that arising from the numerous opportunities possessed by the physician of connecting in the most easy and natural manner some serious remark with his medical counsel. So intimately indeed is the mind united to the body, and so generally does the one sympathize with the sufferings of the other, as constantly to demand a considerable portion of the physician's vigilance and discrimination. He cannot but observe the baneful influence of

agitating and corroding emotions, in thwarting every healing expedient; and being constrained, therefore, to inculcate the importance of tranquillity, acquiescence, and cheering hope, he is led by the most gentle transition to trace those virtues to the true source of “every good and perfect gift,” and to the surpassing value and efficacy of the Saviour’s peace, and of the “hope that maketh not ashamed.”

You have often, my friend, observed in the moment of danger with what eager, anxious attention the patient listens to every word that falls from his physician. He knows that his friend and counsellor is deeply concerned for his well-being, and can have no interest apart from his. He is aware of the value of professional time, and has experienced the unwearyed assiduities which have been exerted for the preservation of his life. Should, therefore, the physician appear to overstep the precise boundary of his province while touching upon the concerns of immortality, the patient, I am persuaded, will usually regard the solicitude thereby evinced as an additional and gratifying proof of genuine friendship. The sick man has also the tranquilizing conviction, that

nothing is likely to proceed from his judicious adviser which would either aggravate the disease or interfere with the salutary operation of remedies. Hence no alarm, no perturbation is induced; while two or three well-adapted hints are gaining a quiet admission into the mind, and affording useful materials for private meditation and self-inquiry. Now, my dear friend, if such be the advantageous position of a humane and Christian physician in the chamber of sickness, and I am sure your own observation will verify the statement, how deep must be the regret that such vantage-ground has ever been lost, yea, lost for ever; that where the sick man's anxious eye betokened confidence, expectation, desire, we should have allowed so fair an opportunity to pass away, without affectionately and urgently directing him to "behold the Lamb of God!" I will not again expatiate on the serious responsibility which these facilities involve, but I respectfully entreat my professional brethren to be on their guard, lest timidity, apathy, or worldly policy should deprive them of the exalted privilege of being instrumental in saving a soul from death, and thus adding another jewel

to the Redeemer's crown. It may still be said, that the afflicted patient will not be disposed to listen to the *religious* advice of his physician, considering it as altogether foreign to his department. I believe, on the contrary, that such advice, when tendered with kindness and discretion, will generally be regarded the more highly because it is *not* professional, because it is *not* a matter of course, but springing spontaneously from the lively interest which the physician feels in the entire welfare of his charge. This view of the subject seems to me quite compatible with the sincerest respect for the labors of a Christian minister in the time of sickness. His invaluable instructions have the weight and sanction of official character; while from the aptitude afforded by kindred studies and pastoral duties, they may be expected to possess an appropriateness not otherwise attainable. They are held moreover in high estimation, because they are regular and ministerial; whereas the religious hints of the physician, as I have before remarked, acquire much of their interest and influence from the very opposite consideration—from the fact of their being occasional, unexpected, and spontaneous.

3. The powerful incentive arising from *an humble expectation of the divine blessing*, appears to me fully authorized. If I have adequately shown the importance of the endeavor, and have satisfactorily proved that the peculiar facilities afforded to the physician involve a proportionate amount of obligation—in those cases at least which have not, and perhaps cannot have the advantage of ministerial instruction—it will follow, as a necessary consequence, that in performing a Christian duty of such moment, we are warranted to implore and expect the special aid of Omnipotence. The object at which we aim is nothing less than the glory of the divine Saviour, in the salvation of an immortal soul; and how cheering are the assurances of infallible truth: “I will make my strength perfect in weakness;” “Him that honoreth me, I will honor;” “He that converteth a sinner from the error of his ways, shall save a soul from death, and hide a multitude of sins.”

And let not my valued friend be discouraged at the difficulty of the undertaking. The cause is God’s. He hath all hearts in his hand, all events at his disposal, and is often pleased to

effectuate the greatest designs by the most feeble instrumentality, in order to show that the excellency of the power is not in man, but in God alone. Far be it from me to depreciate the value of prudence and discretion in an attempt of such importance; but I am bound to confess that the danger has not generally arisen from the neglect of cautionary maxims, but from permitting them to obtain an undue and paralyzing influence. Where eternity is at stake, let us not be exclusively guided by the cold, calculating axioms of worldly policy. Selfishness may whisper, "Am I my brother's keeper?" and as the priest and the Levite, in the parable of the good Samaritan, were probably willing to persuade themselves that their spiritual functions imposed upon them no obligation to afford *bodily* succor to the "wounded, half-dead man;" so, my friend, may we be in danger of resting satisfied in withholding our spiritual aid from our dying patients, on the hollow and untenable ground that our responsibility extends only to the body and to time. O let us be rather like the good Samaritan, and without hesitation or delay, endeavor to pour into the wounded spirit the

wine and oil of heavenly consolation—thus adopting our blessed Lord's special application of the parable, “Go, and do thou likewise.” Surely we may confidently hope, that in rendering this obedience we shall experience superhuman aid; and though our path may be dark and rugged, and the obstacles many and powerful, yet may we cheerfully and implicitly rely on that Almighty God who is “a Sun and a Shield” to those who put their trust in Him.

May I not add, as a collateral encouragement, that while thus aiming to promote the honor of the divine Immanuel, we may humbly hope that he will be “*with us*,” in granting efficiency to our strictly professional exertions? When it is considered that the skilful or unskilful decision of a moment may save or lose a valuable life, and that even a well-selected remedy may prove salutary or detrimental as the divine benediction is vouchsafed or withheld, how inconceivably important must we regard the guidance and the smile of Him “in whom we live and move and have our being,” and in whom are all our springs of intelligence and of usefulness. By “seeking the kingdom of God

and his righteousness" in the way we have described, we may be rendered the happy instruments of giving occasion to our grateful patients to unite with the sweet singer of Israel in ascribing, from their inmost souls, blessing and praise to Jehovah, for having not only "forgiven all their iniquities," but also "healed all their diseases."

One especial ground of encouragement yet remains—that which rests upon *the actual success with which the God of all grace has been pleased to crown similar efforts.* He who hath all power in heaven and on earth, *has given efficiency to such exertions:* and while, with "a single eye to his glory," they are "begun, continued, and ended in Him," we cannot doubt that the ardent desire and persevering endeavor to rescue immortal souls from endless perdition will be accompanied by those gracious influences which can at once direct and animate and bless. Thus, "our labors shall not be in vain in the Lord."

It has already been remarked, that in aiming to subserve the spiritual, as well as temporal interests of our patients, we shall usually retain, if not increase their confidence and regard.

Sometimes, however, it may prove otherwise; especially in reference to the relatives and friends of the sick. This was strikingly evinced in the experience of an aged and eminent, but now deceased physician, then practising in Westminster, as communicated by him to the writer of this letter. The veteran practitioner was called to the bedside of a young lady, whom he found passing to her long home, yet destitute of hope, unacquainted with the way to Christ and peace and heaven, and surrounded by relatives equally ignorant with herself. He placed in the hands of her attentive and, as it afterwards appeared, pious nurse a volume of the "Village Sermons," requesting that a portion might be occasionally read to the youthful patient. On getting out of his carriage at the next visit, he was met by the mother, and thus abruptly accosted: "I will not trouble you, doctor, to go up stairs;" assigning no motive for so unceremonious a dismission, except such as might be read in a countenance of high displeasure. My sagacious friend at once penetrated her mind, and retired. After some time had elapsed, the nurse informed him that the young lady lived but a few days after his visit,

yet long enough to afford a delightful evidence of having obtained pardon and peace through a crucified Redeemer. The very volume, it appeared, that excluded the physician from the family, was rendered instrumental in introducing the dying patient into spiritual life. And never can I forget the pious elevation and the grateful emphasis with which my venerable friend closed his affecting narrative: "Cheerfully," said he, "would I lose the best family in my professional connection, if by my feeble instrumentality I could be the means of saving another soul from death."

Thus, my dear friend, I have endeavored to set before you the principal encouragements for the endeavor. I have still to accomplish the most difficult part of my task—that of submitting to you a few suggestions on the *mode* of communicating serious counsel to the sick. This I must attempt in a future letter.

Believe me, with esteem,

Your very faithful friend,

T. H. B.

TILFORD, January 28, 1836.

LETTER III.

ON THE MOST ELIGIBLE METHODS TO BE PURSUED.

MY DEAR FRIEND—In accordance with your request, I now proceed to offer a few suggestions derived from personal observation on the methods which appear to me best calculated to secure the important object of our present correspondence. You will remember, that even at a distance, I doubted my ability for properly executing this part of the undertaking: and I candidly own that my consciousness of inadequacy has not diminished on a nearer view of the attending difficulties. Should, however, the plain remarks you are about to receive possess little value in themselves, they may, I am willing to hope, prove indirectly useful, by engaging your own attention more closely and continuously to the subject.

You are too well aware how deeply the feeling of medical responsibility has pressed upon myself, to suppose for a single moment that I

would inconsiderately superadd to a similar burden upon you any unnecessary weight of obligation, as connected with the spiritual condition of your patients. I cannot, indeed, relinquish the opinion I have deliberately formed, and which has been before avowed, namely, that the peculiar facilities afforded to the medical practitioner entail upon him a proportionate responsibility; yet am I very solicitous not to endanger the peace of a conscientious mind by incautious or exaggerated statements, or by urging the adoption of any doubtful or impracticable measures. On a subject of such manifest delicacy, as well as difficulty, it is highly important that our views should be well defined, and our opinions of the duties and obligations involved, most carefully guarded and qualified; otherwise, we may not only inflict a needless wound on a pious mind, but may actually defeat the very object we desire to promote, by the disheartening influence of plans of operation unfeasible in themselves, or inconsistent with our proper, indispensable, and untransferrable duties. Allow me, therefore, to request your attention to two preliminary observations.

First, I would remark that the desire of promoting the patient's religious welfare should never be allowed to interfere with the thorough performance of medical duties. These cannot be superseded by any other claims. Under this decided impression, I would suggest, as a general rule, the propriety of giving your sole, undivided attention to the relief of the patient's malady, as well as to every circumstance and arrangement which his bodily condition may demand, before you permit yourself to advert to his spiritual exigencies. You will kindly observe that I recommend this as a *general* rule, which may possibly admit of some exceptions. For example, I can conceive that some highly gifted individuals may have the power of interspersing, in an unobjectionable manner, a few religious hints among their medical inquiries and directions, and without materially distracting their attention, or endangering the temporal well-being of their charge. Yet, even with such facilities, there would sometimes, I apprehend, be a risk of dispersing those energies of mind which the physician ought assuredly, in the first place, to concentrate on his patient, in the earnest, per-

severing endeavor to remove his disease and preserve his life. Consequently, the talent referred to should be used with much judgment and caution. But I foresee that your habits of discrimination will lead you to doubt whether the example I have supposed really constitutes an exception to the rule. It certainly is not foreign to the *spirit* of the rule, which I think may be thus expressed: that no attempt should be made by the physician to promote the religious welfare of the sick, which is incompatible with the full, efficient, satisfactory discharge of his medical duties and obligations.

The second preliminary relates to the distinction which it is important to mark between the *general* responsibility, which in my humble opinion requires the physician to be always on the alert to profit by every incidental opportunity of employing his influence for the spiritual good of his patient, and that *special* obligation which may sometimes devolve upon him, in consequence of the total absence of religious instruction, to attempt in a more particular manner to rescue the thinking soul from perdition, and direct it to Him "who is able to save to the uttermost." This distinction leads

me to propose, as a second general rule, that, inasmuch as religious instruction forms a part of ministerial and relative duty, it would be highly inexpedient for the physician to add to his already onerous engagements, that of undertaking the spiritual supervision of his patient, except under circumstances of imperious necessity. Whenever, therefore, the aid of a Christian minister or a pious relation can be obtained, the medical practitioner may, I conceive, regard himself as free from any special obligation of that nature.

These limitations obviously imply, that in by far the greater number of instances, the religious influence of the physician should be exercised in an occasional, rather than in a stated and formal manner. If alive to the spiritual welfare of his patient, such opportunities of usefulness will not be wanting. Perhaps nothing would so essentially contribute to the furtherance of the object, as the offering up of earnest supplication to the "Father of lights," for his especial guidance and help, before the physician enters upon his daily engagements, that he may be enabled both to discern and improve every suitable opportunity which, even in the ordinary

exercise of his profession, may be presented, of doing good to the souls of his patients.

In seeking, and humbly expecting thus to employ your influence in this sacred cause, I feel the most encouraging persuasion that “your labors will not be in vain in the Lord.”

It may be convenient to arrange the few thoughts which have occurred to me in reference to the *mode* of offering “a word in season” in a few leading particulars; premising that, next to the divine blessing, the secret of usefulness will be found, I humbly anticipate, in the careful, discriminating adaptation of advice to the particular circumstances of the case. Age, sex, degree of intellect and cultivation, particular habits of body and of mind, the actual stage of the disease, the hopes and fears of the patient in relation to futurity, the religious knowledge already possessed, the presence or absence of spiritual instruction, and many other circumstances, will, I am persuaded, appear to you deserving of special consideration. I can therefore only hope to suggest a few general principles, which may be indefinitely modified and applied according to the varied and ever-varying circumstances of each individual case.

My first suggestion has already been anticipated. I refer to the importance of recommending and even urging the assistance of a Christian minister or a pious friend, in cases of serious and dangerous illness. I am aware that the very mention of the subject is sometimes productive of considerable alarm, and certainly requires much prudence and caution. With skilful management, however, the exciting of any injurious degree of apprehension and foreboding may generally, I would hope, be avoided. One may say, for example, in the course of conversation, to a patient apparently unconcerned or uninstructed in reference to eternity, "You must find the change from active life to the confinement of this room rather irksome. Yet some time for calm reflection is really needful for us all. When withdrawn from busy life, we can look upon the world at a distance, as well as come into closer contact with ourselves. Indeed, serious consideration can never be unsuitable. Human life itself is confessedly uncertain, and of course, under disease, still more so. Should you not find a little conversation with a pious minister interesting under your present circumstances?" In this

familiar way—pardon its homeliness—one may sometimes introduce the subject without abruptness. From having had much personal illness, I have been able to press the matter further, by assuring the patient that such assistance has repeatedly proved very consolatory to my own mind; thus presenting a living instance of the incorrectness of the popular opinion, that to propose the visit of a minister to the sick is tantamount to a death-warrant.

Should the recommendation prove entirely fruitless—should the unhappy patient, notwithstanding our utmost professional efforts, be so rapidly hastening into eternity as to afford no opportunity of procuring more efficient spiritual aid—the case will then present one of those *special* occasions before alluded to, which call for our more immediate and devoted attention, in reference to the immortal spirit. And who, that values his own soul, would not, under such circumstances, endeavor with all possible earnestness and affection, to exhibit to the dying man the compassionate and almighty Redeemer, as able to save even at the eleventh hour?

I may next suggest, that the allusions of the physician to the subject of religion should

generally be *incidental* and conversational; arising spontaneously from a solicitous regard to the particular situation of the sufferer. When such occasional advice appears naturally to flow from the heart, partaking of the disposition and character of the speaker, and having an evident bearing on the special circumstances of the patient, there will be little risk of its being regarded as superfluous or obtrusive. On the contrary, I believe it will usually be welcomed as a gratifying proof of disinterested friendship. In this incidental way, one may sometimes refer to the experience of great and good men under similar sufferings, and to the signal support vouchsafed to them, and to the happy results of their afflictions. On some occasions, it may be useful to adduce the remarkable fact that some of the brightest ornaments of the church and of the world have ascribed much of their success in life to the discipline they were once called to endure in the chamber of sickness and seclusion.

May I add, that the occasional hints of the physician should also be *brief*? A single sentence well-timed, well-directed, appropriate, and expressive, will possess the great advan-

tage of not wearying the attention of the sufferer, while it may, notwithstanding, supply ample materials for reflection during the succeeding hours of solitude and silence. “*A word spoken in season, how good it is!*”

Nor is it less important, I conceive, that such advice be expressed with *clearness and simplicity*, in a few plain words and short sentences, bearing a direct and obvious meaning, and free from ambiguity and circumlocution.

Allow me also to suggest that the advice should be *considerate and kind*, the evident effect of genuine sympathy and tender concern. No word should be dropped that might seem to imply an unmindfulness of the suffering, helpless, unresisting state of the patient, or oblige him to attempt a lengthened and laborious reply. One kind sentence, delivered in a tone of kindness, and accompanied with a look of kindness, may, and often will, *juvante Deo*, penetrate the heart.

In certain states of disease, in which high excitement or extreme debility prevails, it may sometimes be expedient to address a passing hint to a relative or friend who may be present, rather than to the patient himself, thus

leaving to the option of the latter, whether or not to reply to the observation.

Yet should the hints be *faithful*. Any approach to temporizing would be cruel in itself, and might prove fatally delusive in its consequences. It would be, in effect, to administer a moral opiate, from which the helpless victim might awake—only in eternity.

Permit me also to remark, that whenever the circumstances of the case will permit, our allusions to spiritual subjects should be *attractive and encouraging*. Doubtless, the torpid insensibility of the sinner may require to be roused by an alarming representation of the direful consequences of transgression and unbelief; nor can we reasonably expect that mercy will be sought until it be felt to be needed. In general, however, I apprehend that a cheering exhibition of the almighty Saviour, as “full of grace and truth,” as “ready to forgive,” and “plenteous in mercy to all who call upon him,” will be found most effectual in softening the heart, and in exciting those earnest desires for pardon and acceptance, which are emphatically described in our Lord’s own test of sincerity, in the case of Saul, “Behold, he prayeth.”

Let us, my friend, never forget that “he who *winneth* souls, is wise.” The promises of the gospel are indeed peculiarly adapted to meet the exigencies of the afflicted and distressed. The blessed Redeemer was pleased to describe himself as having come purposely “to seek and to save that which was lost.” Were we even restricted to the use of a single sentence, as a scriptural *vade-mecum* in the sick-chamber, we should still have a volume of encouragement and consolation in our Lord’s assurance, “Him that cometh to me, I will in no wise cast out.”

Upon the whole, my dear friend, the best preparation for speaking “a word in season” will be found in carefully studying the example, and seeking to imbibe the spirit of the incarnate Saviour, that all-perfect Physician of the soul and of the body. What a lovely union of simplicity and sincerity, of faithfulness and tenderness, pervaded *his* addresses to the sick and afflicted! How much is comprised in that short sentence, “The gentleness of Christ!” He did “not break the bruised reed, nor quench the smoking flax;” but “came to bind up the broken-hearted,” and to heal their every wound. May we be enabled, by grace from on high, though necessarily in a very humble measure, to tread in his steps.

In truth, *the Christian-like deportment* of the physician comprises within itself a sphere of very important usefulness, affording ample scope for the development of those graces and affections which characterize the sincere follower of the meek and forbearing, the benevolent and sympathizing Saviour. And even should my friend find it sometimes difficult or impracticable to offer a word of spiritual counsel as he could wish, he may yet, in his habitual demeanor, present to the patient and the surrounding relatives a living “epistle” which they can read and understand, and which, by directing them to the source of every good gift, may issue in the attainment of true and saving wisdom.

In concluding this letter, I must not altogether omit to refer to *the season of convalescence*, as peculiarly favorable to religious impression. If ever the mind and the heart be open to the feelings of gratitude, love, and praise, it is under the circumstances of returning ease and health, and in the hope of being again permitted to enter on the duties and enjoyments of life. It is then that the physician, in my humble opinion, is more especially bound to avail himself of the grateful attachment of his patient, by referring any skill or care he

may have evinced to the God of all grace, and thus endeavor to give a right direction to those kind and gladsome emotions which are bursting from a full heart. It is then, I conceive, that the rescue from the grave should be held out as a signal warning, and as a powerful incentive. Then also, by adroitly following out the convalescent's own suggestions, a powerful appeal may be made to his best feelings, and an affectionate plea presented for an immediate and entire surrender of himself, "body, soul, and spirit," unto an almighty and most merciful Father, who "hath redeemed his life from destruction, and crowned him with loving-kindness and tender mercies."

At such a period, too, we may often recommend with great advantage some interesting volume adapted to our patient's state. Biography and easy letters, as being both interesting and not requiring much effort of attention, will often be found peculiarly acceptable. Indeed, the judicious recommendation of books and tracts may be regarded as an important mode of employing our influence during every period of illness, but particularly during the season of convalescence.

Such, my dear friend, are the few imperfect hints which have occurred to me. I might indeed have availed myself of the assistance of some valuable writers on the subject of affliction, particularly of the highly interesting work of my pious and intellectual friend Mr. Sheppard, "*On Christian Encouragement and Consolation*," and the excellent "*Thoughts in Affliction*," by another able friend, the Rev. A. S. Thelwall. I might also have enriched these humble letters by a reference to the "*Essays to do Good*" of the eminent Dr. Cotton Mather, which contain some admirable suggestions on the same subject. From these several works I have formerly derived much instruction and pleasure, but was unwilling to have recourse to them on the present occasion, as well from the wish of not unnecessarily extending these letters, as in compliance with your particular desire that I would send you the result of my own observation and experience.

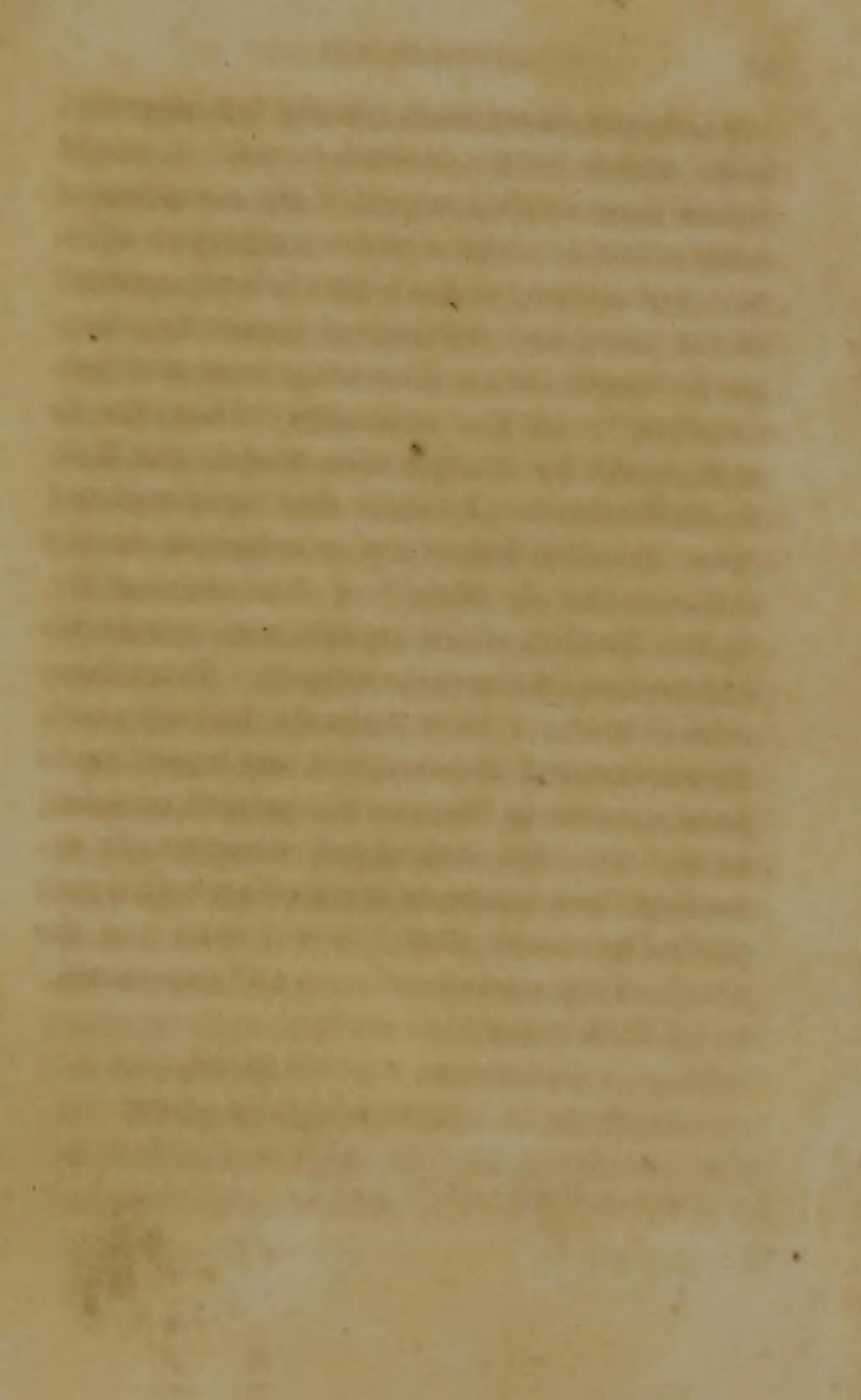
With every kind wish,

Believe me, my dear friend,

Ever faithfully yours,

T. H. B.

TILFORD, March 1, 1836.



MEMOIRS
PUBLISHED
BY THE
AMERICAN TRACT SOCIETY.

REV. DR. BUCHANAN,
Including his researches in Asia;
REV. JOHN NEWTON, HENRY MARTYN,
AND
DAVID BRAINERD;
Isabella Graham, Harriet L. Winslow,
SARAH L. HUNTINGTON SMITH;
DR. PAYSON, JAMES BRAINERD TAYLOR, NORMAND SMITH,
AND
HARLAN PAGE;
ELIZABETH BALES,
THE PASTOR'S DAUGHTER,
Emily Maria;
AND
A GREAT VARIETY
OF
NARRATIVES FOR THE YOUNG,
BEAUTIFULLY ILLUSTRATED.